


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008		Docket Number (Optional) 360842009711	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number	10/815,772	Filed	April 2, 2004
For ALIPHATIC POLYESTER MULTI-FILAMENT CRIMP YARN FOR A CARPET, AND PRODUCTION METHOD THEREOF			
Art Unit	1791	Examiner	L. B. Tentoni
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$0
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$ 1,050.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal Form (PTO/SB-47) is attached to this submission in duplicate.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>59,875</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34.		
		Registration number if acting under 37 CFR 1.34 _____	
 _____ Signature		<u>August 12 2008</u> Date	
<u>S. Laura Chung</u> Typed or printed name		<u>(703) 760-7312</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms submitted.		